

**Carolina Springs Academy
Parent Checklist**

Carolina Springs Academy must receive the following:

1. The Originals of this entire Agreement - signed and completed.
2. If child is on any medication please send at least one months supply with them.
3. In case of divorce, custody must be verifiable. If both biological parents are signing, no custody verification is necessary.
4. Copy of insurance card front and back.
5. Copy of students Social Security Card.
6. Certified Birth Certificate.
7. Check for uniforms made payable to Uniforms Unlimited for \$395.00

Teen Soulutions must receive the following:

1. A copy of the signed Enrollment Agreement.
2. Check covering the first month's tuition, and processing fee. Make check payable to Carolina Springs Academy in the following amount:
 - 3 Month Option: \$5,790.00
 - 12 Month Option: \$5,290.00

Please send to: Teen Soulutions
 1722 East 280 North Suite U1
 St. George, UT 84790
 FAX: 435-688-7142

Signature _____

This sheet need to be signed and returned with the enrollment agreement.

CAROLINA SPRINGS ACADEMY

ENROLLMENT AGREEMENT

THIS ENROLLMENT AGREEMENT, by and between Carolina Springs Academy a Boarding School in the State of South Carolina (hereinafter "the School"), and _____ and _____ (hereinafter the "Sponsors"), is made in consideration of the following mutual promises and covenants of the parties set forth in this Agreement:

1. **SPONSORS.** The Sponsors affirm that they are the legal guardian (having both legal and physical custody) of _____, (hereinafter the "student"), whose birth date is _____, 19_____, and that Sponsors expressly desire to contract for enrollment of the student in the School according to the terms of this Agreement.

2. **ENROLLMENT.** The Sponsors acknowledge that they have had the opportunity to have any of their questions answered by representatives of the School. Sponsors hereby enroll the student and upon the completion of this Agreement and acceptance by the School; the School promises under the conditions and limitations specified in this agreement, i.e. Items 1-38 to undertake and provide the following services:

- a. Academic Curriculum;
- b. Room and Board;
- c. Structured Environment;
- d. Supervision;
- e. Character Building Courses

Sponsors understand Carolina Springs Academy is a **Boarding School**, licensed by the State of South Carolina as a Child Caring Facility, that provides a wholesome structured environment and teaches traditional values and character development. Carolina Springs Academy is **not** a treatment facility, counseling-based program, or a rehabilitation center.

Sponsors understand and agree that the School will make changes in staffing, School content, and services at their sole discretion. Therefore, the School does not accept responsibility for services written in sales material or brochures as such materials may be outdated or may become outdated as changes occur during the admittance period. The School also does not accept responsibility for any services represented orally by any of its School staff or public relations personnel; as any perceived oral representations can be a result of an honest misunderstanding. **It is further understood and agreed that the School only takes responsibility for the services written in this agreement under the conditions and limitations specified in Items 1-38.** The Sponsors also understand and agree that the School makes no promise in terms of outcome or results.

The Sponsors understand that Carolina Springs Academy is not recommended for students that are suicidal, psychotic, violent, assaultive, diabetic, schizophrenic, borderline personality disorder, severely dyslexic, illiterate, very low IQ, serious health problems, highly depressed and/or have significant mental/emotional problems, or traumatic brain injury. The School does not provide any clinical screening for these items and it is agreed that the Sponsors are responsible to properly screen these items before placement. The Sponsors hereby release and hold harmless the School for problems, liabilities, or damages that arise due to the student possessing these type of problems.

Sponsors understand and agree that the business "**Carolina Springs Academy**" has sole responsibility for the performance of this contract and the general care and well being of the student. Therefore, the Sponsors agree to hold harmless and release from liability or damages any person or persons, agency, organization, or program that has referred the Sponsor to Carolina Springs Academy. Sponsor further agrees to hold harmless and release from liability or damages any person or persons, organization, or businesses that provide contract services to the School.

3. CONTRACT PERIOD. This agreement is for a period of (please check one):

3 months with monthly payments of Three Thousand Seven Hundred Ninety (\$3,790) dollars paid in advance and due each month on the same day of the month as the student was enrolled. There is also a discount of \$200 per month (for a cost of \$3,590 per month) when payments for the three months or more are made at the time of enrollment.

12 months with monthly payments of Three Thousand Two Hundred Ninety (\$3,290) dollars paid in advance and due each month on the same day of the month as the student was enrolled. There is also a discount of \$300 per month (for a cost of \$2,990 per month) when payments for the twelve months or more are made at the time of enrollment and the student is enrolled for the entire 12 months. If the student is not enrolled for the entire 12 months, the sponsors are obligated to give the school a ninety day notice (see section 34) and the \$300 a month discount will be forfeited.

The contract period begins _____, _____. **The Sponsors should understand the School has best results when the student completes the School's Character Building Program.**

4. TUITION. Sponsors agree to pay upon admission to the School, a non-refundable payment which includes the first month's payment equaling thirty days in advance and a one time up-front processing fee of \$2000.00.

Sponsors agree to pay each monthly payment of Tuition in advance and due each month on the same day of the month the student was enrolled.

Sponsors agree there is a forty dollar (\$40) Service Charge for all payments more than **three** days late. There is a one hundred dollar (\$100) Service Charge for all payments more than **six** days late, or for any returned checks.

The fee schedule remains as stated above throughout the entire course of the child's enrollment in Carolina Springs Academy. Monthly payments do not adjust to the student's status in the School nor the services offered.

The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR ANY DAYS OR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE SCHOOL**, whether or not the student's absences are authorized by either the Sponsors or the School.

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

5. PERSONAL INCIDENTAL COSTS AND EXPENSES. In addition to monthly tuition, the Sponsor's agree to pay for the following expenses incurred by the student, such expenses will be billed to the Sponsors monthly as they occur:

- (A) Medical, dental, orthodontic, optical, urinalysis, medications, lab work, etc.
- (B) Transportation to or from the School for any reason
- (C) Clothing & Uniforms
- (D) Hair cuts, etc.
- (E) Postage
- (F) All phone calls from the student or the School
- (G) Supervision and Transportation costs for special needs or activities that are separate from the regular School (i.e., doctor and dental appointments, travel to and from airports).
- (I) All students on medication prescribed by a psychiatrist, require additional ongoing Doctor's review, which results in a cost to the Sponsors of \$75.00 for a simple medication review to \$100.00 for an involved patient understanding and motivational review every 90 days. **Parents collectively share in the Doctor's transportation expenses to and from the School.**
- (J) The School's services do not include any formal individual therapy sessions. Individual therapy sessions, while usually not needed or recommended, can possibly be obtained from an Independent Contractor for approximately \$100.00 per session. The Independent Contractor must be approved by the school. The sponsors agree that the School shall not be responsible or liable for any services provided by an Independent Contractor.
- (K) Other expenses related to the well-being or needs of the student not otherwise provided in accordance with this agreement.

6. UNUSUAL COSTS.

- a. Professional Intervention: Sponsors agree that if the staff ever feel that the student is volatile or needs professional intervention, the School has permission to have the student immediately seen by a Professional. Sponsors agree to pay the fees of the professional normally \$100 per session.
- b. Discharge Report: If the school so chooses, Sponsors agree to pay for a discharge report when the student leaves the school, completed by a professional normally \$100.
- c. Responsibility for damage to or loss of property caused by the student: Sponsors agree to be financially responsible for the costs of repairing or replacing any property lost, stolen, damaged, defaced, or destroyed by their student that are not covered by insurance. Such costs will be billed to the Sponsors at the time such damages or loss occurs and shall be paid by the Sponsor within fifteen (15) days of receipt of the bill.
- d. Expenses for assistance in the return of a student absent without authorization. In the event that the student leaves Carolina Springs Academy without authorization, Carolina Springs Academy will use reasonable efforts at the request of the Sponsors to assist the Sponsors in finding the student and in obtaining their safe return. An accounting of the expenses incurred by Carolina Springs Academy while assisting the Sponsors in finding and returning the student will be made to the Sponsors. SPONSORS WILL BE RESPONSIBLE FOR SUCH EXPENSES. Sponsors also understand and agree to be responsible for any damages to the community or its citizens caused by the child during the absence without authorization.
- e. Cost of collections, attorney fees, and interest. Sponsors agree to pay the costs of collection of any amounts due under this agreement, including reasonable attorneys' fees, whether or not legal action is commenced and in addition to pay all penalties plus interest (1 ½ percent per month) on all sums not paid within five (5) days after the due date.

7. SPONSORS' CONSENT TO STUDENT'S PARTICIPATION IN ENTIRE SCHOOL. Sponsors give their consent for the student to participate in all activities of the School, including, but not limited to, activities, work assignments, fitness programs, and field trips

8. INSURANCE. The Sponsors shall provide health insurance coverage for the student during the initial or any extended Enrollment Period. A copy of the health insurance policy must be provided to the School at least seven (7) days prior to the student's arrival at the School, and it shall be the Sponsors' responsibility to maintain the health insurance policy in full force and effect during the

initial or extended enrollment period. In the event any health insurance policy is terminated for any reason or new coverage is obtained, the Sponsors shall notify the School immediately and furnish a copy of the policy. In the event the School learns that there is no health insurance coverage of a student for any reason, the School may, but is not required to, obtain an appropriate health insurance policy at the Sponsor's expense for the student. Whether or not the School obtains a health insurance policy, the School may return the student to the Sponsors' custody at the Sponsors expense.

9. SUPERVISION. Sponsors understand that the amount of supervision varies with each student depending on the child's current status. The School provides a high level of supervision but it is understood that the supervision provided, regardless of status, does not guarantee that accidents, injuries, self harm, fighting, acts of physical aggression, runaways, suicide attempts, sexual activity or use of alcohol, tobacco or other harmful substances cannot happen. These risks are present in any segment of society no matter how closely supervised or protected.

10. EDUCATIONAL SEMINARS AND WORKSHOPS. Carolina Springs Academy provides a number of educational seminars and workshops designed for character building. The Sponsor understands and agrees that Carolina Springs Academy, at its sole discretion or need, may at any time change the amount of seminars or workshops provided for the student or the family. This includes changes, reductions, suspensions, or elimination of any seminars or workshops provided for the student or the family.

11. ACADEMICS. The Sponsor understands and agrees that while the School provides an Independent Study system that can allow the student to accelerate their credits and academic competency; the School does not award credits for time in class, but only for work completed and competency achieved. Therefore, the Sponsors understand and agree that the School cannot ensure, nor be liable, for how quickly the student will receive credits, or that the student will receive credits in any certain subjects, or that the student will receive credits on any kind of accelerated basis, or that the student will even receive any credits at all. Sponsors also understand that since Carolina Springs Academy is a private school and the academic courses are part of an Independent Study Program, all of the teachers/tutors working with the students may not need or have the same credentials as a public school teacher. The Sponsors further understand that any specialized or individualized tutoring, if available, may result in additional costs or charges to the Sponsor (Any such tutoring would be approved by the Sponsors in advance). Sponsors understand that the ultimate acceptance of any credits is the prerogative of each individual school district. Therefore, the School cannot insure that any credits they have awarded will be accepted by any specific school district.

12. Medication. The sponsors understand that all medication is administered by non-medical staff members. The sponsors understand that if they choose to have the prescription filled and they are not returned in a timely manner, the student may not have access to their medication for a period of time. The sponsors hereby acknowledges the Medication Policy of the school and the terms and conditions of administration of medications. The sponsors accept said policy and otherwise holds harmless Carolina Springs Academy and its staff and employees from all liability arising out of policy.

13. MEDICAL INTERVENTION. The Sponsors understand that the School staff have to make numerous decisions about when to seek medical/dental help for students ranging from small to serious ailments, injuries, or needs. The Staff try to make decisions taking into consideration a balance between added costs to the parent for medical care, and true medical need of the Student. The Sponsors therefore understand that the School Staff, like any parent, can miscalculate the timing or need of medical intervention. It is understood that the School Staff make these "judgment calls" in a good faith effort for and in behalf of the parents. Any such "judgment calls" are subject to human error, especially since many of these judgment calls would have to be made by non-medical staff. The Sponsors understand and agree that the School makes no representation and accepts no liability for the

performance of any physician, dentist, clinic, or hospital to which the student is delivered for medical intervention. The Sponsors understand these risks and agree to hold harmless and release Carolina Springs Academy and its staff from all liability associated with medical care.

14. UNAUTHORIZED ACTIONS OF EMPLOYEES. The Sponsors understand and agree that the School can only be responsible and/or liable for their employees to the degree that the employees operate within the scope of their employment and outlined job responsibilities. This does not relinquish the staff member from their individual liability for damages and/or prosecution for their actions outside of their constituted job duties or realm of employment. The Sponsors therefore agree to hold harmless and release the School from all liability or damages for any actions of the School's Staff or employees that act outside the training they have received or the scope of their constituted responsibilities or realm of their employment.

15. TRANSPORTATION. The Sponsor understand that there is some transportation and that the risk of vehicle failure and/or the risk of traffic or airline accidents is always present. Sponsors give the School permission to transport the student as determined by the School.

16. RESPONSIBILITY FOR STUDENT'S PROPERTY. The Sponsors understand that anything that is sent that is not on the "Things To Bring" list will be confiscated with no guarantee of return. For this reason the School recommends that expensive or sentimental items are left at home or are at the School only at the sole risk of the student or Sponsors. Each student shall be solely responsible for the care of their property. The Sponsors agree that the School shall not be responsible or liable for loss as a result of damage, lending, misplacement, or theft of the student's property. The Sponsor agrees that the School is not responsible or liable for items left behind on visits, leaves, or when the student exits the School.

17. RESPONSIBILITY FOR INJURIES, ACCIDENTS, OR ILLNESSES. Many of the activities in which the student may participate involve some risk. There are also some inherent risks of illness, including, but not limited to, illnesses that are contagious; illnesses or health risks that are common to the geographic location, illnesses connected to food services, etc. There is also risk of acts of nature, etc.

18. STAFFING. As stated earlier, Carolina Springs Academy is not a treatment facility. Therefore, Sponsors understand that staff are hired not necessarily by credentials but to provide supervision and carry out the structured environment designed to benefit students at Carolina Springs Academy.

19. AUTHORITY TO ACT. Carolina Springs Academy may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), obtaining passport and entry visa, consent for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind. The School may also authorize the student to receive urinalysis, blood tests, or other lab work as it deems appropriate.

20. AUTHORIZATION FOR SEARCH. Sponsors hereby give consent and authorize the School to search the personal effects and person of the student. The School is hereby authorized to confiscate any and all items deemed, by the School, to be contraband. The School will dispose of all contraband items. The Sponsor understands and agrees that the School will not be responsible for the care or return of confiscated items.

21. AUTHORIZATION FOR DRUG SCREENING. Sponsors hereby give consent and authorize the

School to administer to the child a routine urinalysis or blood test for drugs. The Sponsors agree to pay for such expenses.

22. AUTHORIZATION FOR STRUCTURED ENVIRONMENT. The Sponsors understand and authorize the School to maintain a strict code of conduct including rules on dress, hair cuts and grooming, interaction with others, language, use of manners, appropriate attitudes and actions. Consequences for Rule Violations include but are not limited to demerits, loss of privileges, loss of status, essays, work hours, work sheets, and study hall. The Sponsors further understand and authorize the School to suspend the student from their regular schedule and activities, including school classes, until they complete any necessary essays, worksheets, study hall time and/or other disciplinary assignments. The Sponsors also understand and authorize that all essays, worksheets and study hall time are completed in a designated area within the facility where students have minimal distractions and interaction with peers until they complete their worksheets, essays study hall time. The Sponsors authorize the School to apply the Rules and Consequences described here-in and any others deemed by the School to be necessary.

23. AUTHORIZATION FOR REWARDS AND INCENTIVES. The Sponsors understand and authorize the School to provide rewards and incentives to motivate the students. Rewards and incentives include but are not limited to earning merits, privileges, trust, and status advancements. The Sponsors authorize the School to apply the Rewards and Incentives described here-in and any others deemed by the School to be necessary.

24. AUTHORIZATION FOR STUDENT LEADERSHIP PROGRAM. Student Leadership includes the student functioning as a Bunk Leader, Bunk Assistant, or Facility Leader. We have found these opportunities for Student Leadership to be a very effective part of the overall School. The students learn and grow as they develop leadership skills. The Sponsors hereby acknowledge that they understand and authorize the Student Leadership Program as designed by the School.

25. AUTHORIZATION FOR INTERVENTION. If the student is a safety concern to themselves or others, the Sponsors authorize the School to place the student in the Intervention Office away from the interaction of others, where he will remain under the close supervision of a staff member until such time that the staff feel the student is no longer a significant danger to himself/herself or others. The Sponsors understand that all such decisions are judgment calls and are open to human or judgment error. During the Intervention period, the Sponsors authorize the staff to take whatever safety precautions that are deemed necessary.

26. AUTHORIZATION FOR PHYSICAL INTERVENTION. Sponsors hereby give consent and authorization to the School personnel to physically intervene, control and detain the student for and including, but not limited to, the following purposes: To prevent the student from jeopardizing the safety of self or others, to prevent the flight of the student into a dangerous or unsupervised situation, to prevent the destruction of property. The Sponsor authorizes the School to use non-violent crisis intervention techniques to insure a safe, positive environment for each student.

27. LIVING ARRANGEMENTS. Students live in on-campus dormitories supervised by dorm parents.

28. THE SCHOOL OPERATES AS AGENT FOR SPONSOR. The Sponsors hereby agree that the School and its staff operate in behalf of, and as agents for, the Sponsors. The Sponsors affirm they are the legal guardian and have physical custody of the student. Any restrictions or curtailments of the student's privileges or rights as outlined and authorized in this Enrollment Agreement, are done by the School or its staff in behalf of, with permission of, and as agents for, the Sponsors.

29. INSURANCE REIMBURSEMENTS. Unless otherwise stated in writing, Carolina Springs Academy takes no responsibility for the approval or processing of insurance reimbursements, payments, or billings. The Sponsors also understand that the School is not designed for normal approval for insurance funding and that the School's paperwork and documentation do not meet the criteria that most insurance companies require for funding. Insurance approval for the School is normally only granted on an "out of policy" or "exception to policy" basis. Insurance approval is very unlikely, therefore, the Sponsors agree to maintain the fee schedule while any reimbursements or payments are being approved or processed. Sponsors agree to reimburse Carolina Springs Academy for insurance billings at a rate of \$200.00 for each month billed.

30. PAPERWORK. Sponsors understand that the School wishes to utilize it's resources in working closely with the students, rather than spending a lot of time and resources in Administrative and Bureaucratic duties. Therefore, the School keeps, maintains, and retains only minimal records and paperwork. The Sponsors understand and agree to accept whatever records and paperwork the School, in its sole discretion, deems necessary to keep, maintain or retain.

31. CHOICE OF JURISDICTION, LAW AND OTHER MATTERS. SPONSORS AGREE TO BE SUBJECT TO JURISDICTION OF THE COURTS OF THE STATE OF SOUTH CAROLINA IN ANY DISPUTE BETWEEN THE PARTIES TO THIS AGREEMENT. The parties agree that this Agreement constitutes a business transaction and services rendered within The state of South Carolina. Therefore, the parties agree that The state of South Carolina law shall govern this Agreement. Moreover, the parties agree that all disputes and/or claims may only be filed in The state of South Carolina and are under the jurisdiction of the courts of The state of South Carolina. In the event any part of this Agreement is determined to be invalid or unenforceable the remaining provisions of this Agreement shall remain valid and enforceable according to applicable law.

32. INDEMNIFICATION. Sponsors shall indemnify Carolina Springs Academy, and all of their owners, operators, managers, agents, employees, contractors, sub-contractors and consultants and hold them harmless from and against any and all legal actions or proceedings that may be instituted as a result of the student's enrollment in the School. This indemnification includes any liability, loss, costs, expenses or damages. Expenses shall include, but are not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages resulting out of any action taken by either parent and/or guardian; third party; or student, even anytime after the age of majority. All expenses shall be paid by the Sponsors.

In cases where Carolina Springs Academy is the prevailing party, Sponsors shall also indemnify Carolina Springs Academy, and all of their owners, operators, managers, agents, employees, contractors, sub-contractors, and consultants and hold them harmless from against any and all legal actions or proceedings that may be instituted by the Sponsors. This indemnification includes, but is not limited to all reasonable attorney fees, court costs, other legal costs, expenses or damages.

Sponsors have read the foregoing clause for indemnity and understand the meaning of this clause and what Indemnification means; to restore the individual of a loss, in whole or in part, by payment; to same harmless; to secure against loss or damage.

33. AGREEMENT RENEWAL. This Agreement is automatically renewed if the student remains in the School past the enrollment period.

34. EARLY ENROLLMENT TERMINATION.

A. Liquidation Provision. The School recognizes and affirms that since Sponsors maintain all parental authority and responsibility, Sponsors can remove the student at will. However, the

Sponsors agree to the following terms:

- Three (3) month minimum Enrollment Period. The Sponsors understand and agree that they are responsible for the three (3) months payment even if the student is withdrawn prior to the three (3) months period. After the three (3) month minimum period, the student may stay on a month to month basis.
- Twelve (12) month minimum Enrollment Period. A significant discount was given based on a 12 month minimum enrollment. If a student leaves the school before the 12 months, the Sponsors agree to give the School ninety (90) days written notice prior to the actual withdrawal or to pay to the School an amount equal to ninety (90) days payment and the tuition rate as of the day the notice is received will be the same as the non-discounted three (3) month tuition rate. The payment of ninety (90) days at the non-discounted three (3) month tuition rate is considered by the parties to this Agreement as a reasonable pre-estimate of the probable losses which would be sustained by the School in the event of a withdrawal of the student prior to the end of the period. This "loss" amount is not considered by either of the parties to this Agreement as a penalty for early withdrawal of the student, but is intended to reimburse the School for the 12 month discounts given to the parents, and the costs or budgeting commitments made by the School in connection with the enrollment of the student. This clause will be waived should the student transfer to another facility recommended by the school or Admission Company servicing this enrollment agreement.

In cases where one parent/guardian would like to remove the student, but the other parent/guardian wants the student to remain in the School, it is agreed by all parties that the student will remain in the School and not have their progress interrupted until a proper court hearing can be held and a decision is made by the court. All parties release and hold harmless the School for its fulfillment of this agreement.

B. Involuntary Early Termination. Sponsors agree to the following terms:

- I. The School reserves the right to terminate the enrollment of any student, if at the sole discretion of the school, the student is not a suitable resident of the school. (Parents will not be obligated to the withdrawal obligations set forth in Section A Early Enrollment Termination)
- II. The School reserves the right to terminate the enrollment of any student, if the parents violate school policies. (Parents will be obligated to pay the tuition for the remainder of the enrollment period or the additional ninety (90) days obligation period set forth in Section A Early Enrollment Termination)
- III. If the monthly payment is more than five (5) days late, the school may at its option immediately return the student home. (Parents will be obligated to pay the tuition for the remainder of the enrollment period or the additional ninety (90) days obligation period set forth in Section A Early Enrollment Termination).

The Sponsors understand and agree that in the event a student's enrollment is involuntarily terminated, the School shall attempt to contact the Sponsor and shall deliver the student to the nearest form of transportation or arrange at Sponsor's expense to transport the student back to Sponsor's address. Sponsors understand and agree they shall be responsible for the tuition for the obligated period as previously outlined in Section A Early Enrollment Termination. Sponsors understand and agree they shall be responsible any personal incidental costs and expenses accrued.

35. **TERMINATION OF ENROLLMENT ON MAJORITY.** Carolina Springs Academy is located in the state of South Carolina. The age of majority in The state of South Carolina is age eighteen (18). Sponsors acknowledge that the student may withdraw from the School at any time upon student's attaining the age of eighteen, without notice to or consent of Sponsors, and that Carolina Springs Academy has no obligation or authority to require the student to remain enrolled. Sponsors release and indemnify Carolina Springs Academy from all claims, damages, causes of action, etc. in any manner relating to a student leaving the premises/school/program once the student reaches the age of eighteen and Sponsors acknowledge that Carolina Springs Academy has no obligation or duty to the Sponsors or the student regarding the manner in which the student leaves, destination, method of travel, notification of parents or other persons, etc. Sponsors further acknowledge that Carolina Springs Academy may terminate the enrollment of any student on or after the student's eighteenth birthday at Carolina Springs Academy's sole discretion if Carolina Springs Academy deems it inadvisable to keep the student enrolled in the School and that such termination may be without prior notice to either Sponsors or the student.

36. **PROTECTION OF COMMUNITY IMAGE.** The Sponsors understand that upon leaving the School, their child will not go to School or live within 100 miles of Carolina Springs Academy, unless (1) permission is given in writing by Carolina Springs Academy, (2) their child is 18 years of age, or (3) the child is living with the parents. Sponsors agree that failure to comply with this provision would result in the Sponsors being responsible for paying Carolina Springs Academy. the normal monthly fee for the period of time involved.

37. **CONFLICT OF INTEREST.** The Sponsors understand and agree under strict penalties of damages that they will not contract with any Carolina Springs Academy employees or former employees for any related or even non-related services while the student is enrolled in the School or upon discharge, or for a period of one year after the student is discharged from Carolina Springs Academy, without specific and written permission from the Administrator. The Sponsors also agree under the same penalties that they will not allow their child to live with or reside in the home of an employee or former employee, upon discharge, or for a period of one year after the student is discharged from Carolina Springs Academy, without specific and written permission from the Administrator.

38. SCOPE AND MEANING OF AGREEMENT. Sponsors hereby acknowledge that they have read the entire Enrollment Agreement and that they understand and agree to its provisions. The Sponsors understand that this is a legal and binding Agreement, and that this Agreement constitutes the entire Agreement between the parties. Any changes or adjustments must be written on a separate sheet and signed by both the Sponsors and the Administrator of the School to be valid. Any changes or alterations penciled in, typed or written, on this original enrollment agreement are not recognized or valid.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last date set forth below.

DATED this _____ day of _____, 20_____.

Signature of Sponsor
(Father or Guardian)

Signature of Sponsor
(Mother or Guardian)

Address of Father/Guardian

Address of Mother/Guardian

Please Note: A completed contract requires **two signatures** (both guardians/parents). In the event the legal guardians of the student are separated or divorced both parent's signatures are required on the Enrollment Agreement, unless the Enrollment Agreement is accompanied by legal custody papers specifying who has custody. If both signatures are not on the Enrollment Agreement, or custody papers are not submitted with the Enrollment Agreement upon admission, the Enrollment Agreement will be considered incomplete and the child **will not** be admitted into the School.

ADDENDUM #1

PAYMENT POLICIES

The fee schedules remains as stated above throughout the entire course of the student's enrollment in the School. Monthly payments do not adjust to the student's status in the School, nor the services offered. The monthly payments do not reflect the exact number of days the student will be or is in residence at the School in any given month. **THERE ARE NO FEE ADJUSTMENTS OR REDUCTIONS FOR PERIODS IN WHICH THE STUDENT IS NOT PHYSICALLY PRESENT AT THE School**, whether or not the Student's absences are authorized by either the Sponsors or the School.

Credit Card Companies charge the School a 2% service charge for all payments made by credit card. Therefore, the School may at their option, collect the 2% service charge in addition to the amount of any payments made by credit card.

Personal incidental costs and expenses will be billed monthly in addition to the monthly payments stated above (see Item #5 of the Enrollment Agreement).

Sponsors hereby give representatives of the School permission to conduct a routine credit check.

Each payment must be made in advance. Payments are to be no more than six days late. A one hundred dollars (\$100) Service Charge will be applied to the account if payment is received more than five days late. Once the monthly payment becomes more than ten days late the payment will no longer be considered a cash in-advance payment, and the daily rate will return to one hundred fifty dollars (\$150.00) per day.

If Carolina Springs Academy does not receive your remittance payment within three days after your due date, we will **overnight** a letter to you. Carolina Springs Academy will also enclose a return envelope to use for your payment. A charge of \$40.00 dollars will be billed to your account to cover the cost of the overnight service. This will be far less expensive than the significant daily penalties that occur if the payment is not received within five days of the due date.

The Sponsors understand and agree that if a check is returned to Carolina Springs Academy a charge of \$100.00 dollars will billed to your account to recover our cost of special handling and return check service fees.

The Sponsors understand and agree to all of the Payment Policies. The Sponsors agree to be responsible for all penalties and service costs connected to this agreement. The Sponsors also agree to be responsible for all collection costs including attorney fees and reasonable interest should the School need to take steps to collect any amounts owed the School.

_____ SPONSORS: _____
Date *Signature of Sponsor*
(Father or Guardian)

Signature of Sponsor
(Mother or Guardian)

**CAROLINA SPRINGS ACADEMY
ENROLLMENT QUESTIONNAIRE**

STUDENT'S NAME _____ **DOB** _____

Student SSN _____ Is child adopted? Yes _____ No _____

1. Father's Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____

(DOB) _____ Place of Birth _____ Email _____

(Email Address is required for BBS)

2. Mother's Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Work Phone() _____ Home Phone() _____

Maiden Name _____ (DOB) _____ Place of Birth _____

Email Address _____ **(Email Address is required for BBS)**

3. Step Father's Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Work Phone () _____ Home Phone () _____

(DOB) _____ Place of Birth _____ Email _____

4. Step Mother's Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Work Phone() _____ Home Phone() _____

Maiden Name _____ (DOB) _____ Place of Birth _____

Email Address _____

EMERGENCY PHONE # _____

Contact Person _____ Relationship _____

5. Is family divorced Yes _____ No _____ If divorced, which parent has custody? _____ **(PLEASE ATTACH A COPY OF CUSTODY ORDER)**

6. Home Counselor _____ Phone _____

Address _____ City _____ State _____ Zip _____ If

counselor is to receive progress reports, please sign this paragraph as an authorization.

Father/Guardian Signature

Mother/Guardian Signature

ACADEMIC STUDENT INFORMATION

Student's Name _____ DOB _____

Address: _____ City _____ State _____ Zip _____

Home Phone Number: (____) _____ Student Lives With: _____

Place of birth _____ Student's S.S. # _____

If Adopted, give date of adoption _____

Religious preference _____ Ethnic Origins _____

Age _____ Height _____ Weight _____ Hair _____ Eyes _____

Current Grade Level _____ Does Student have an IEP? Yes No

Previous Schools starting with last school attended:

Name Address State Zip

Name Address State Zip

Name Address State Zip

Academic Performance: _____ Behind _____ Ahead _____ Right on Track

If Student is behind or ahead, please explain: _____

Prior to placement at Carolina Springs Academy, your student was living:

_____ at home _____ with relatives _____ alone or with friends _____ private school.

Date of Placement _____ **Student Number** _____

Office Use Only

**PLEASE SEND A COPY OF STUDENT'S BIRTH CERTIFICATE AND IMMUNIZATION RECORDS TO
CAROLINA SPRINGS ACADEMY ACADEMIC DEPT: P.O.BOX 199, DONALDS, SC 29638**

ADDENDUM #2
REQUEST FOR TRANSFER OF CONFIDENTIAL RECORDS

This form is provided for the purpose of obtaining your child's school and psychological/psychiatric records.

Name of Student: _____ Birth date: _____

I hereby authorize Carolina Springs Academy to obtain from:

all school and psychological/psychiatric records as defined by Public Law 93-380 and other federal laws pertaining to educational records.

PLEASE SEND THE FOLLOWING INFORMATION;

- ____ 1. Transcript of credit and classes to date.
- ____ 2. Withdrawal grades, including incomplete classes.
- ____ 3. Test data, health records, and counseling information.
- ____ 4. Suggested course outline.
- ____ 5. Units and courses required for graduation.
- ____ 6. Any of the student's records pertaining to the psychiatric or psychological evaluation of the student.
- ____ 7. Special Education/Guidance Records
- ____ 8. Other: _____

Date

Father/Guardian

Mother/Guardian

PLEASE SEND RECORDS TO:
CAROLINA SPRINGS ACADEMY ACADEMIC DEPT.
P.O.BOX 199
DONALDS, SC 29638
FAX: 864-379-3515

ADDENDUM #3

Please rate and describe your child's past performance in the following areas

FAMILY	Relates well with brothers and sisters:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8
AUTHORITY	Responds to parental authority:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8
FRIENDS	Has a variety of friends:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8
SCHOOL	School Attendance:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8
COMMUNITY	Attitude toward community involvement:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8
SELF IMAGE	Self image, attitudes, personal goals:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8
CHURCH	Church activity:	<u>Very Negative</u>	<u>Negative</u>	<u>Positive</u>	<u>Very Positive</u>
		1 2	3 4	5 6	7 8

ADDENDUM #4
FAMILY MEMBERS

Please list in chronological order all brothers, sisters, step and half brothers and sisters, living or dead.

NAME	SEX	AGE	RELATIONSHIP	ADDRESS

List all others that have lived in your home during your child's in home residence or who are living in your home at this time.

NAME	SEX	AGE	RELATIONSHIP	COMMENTS

COMMENTS: _____

ADDENDUM #5

AUTHORITY TO ACT

Carolina Springs Academy may perform any and all acts necessary as determined in their judgment, or the judgment of each of them severally, for the health, welfare, and progress, of the student, including but not limited to (decisions in your place and stead), obtaining passport and entry visa, consents for hospitalization and/or consent for medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind.

Date

Father/Guardian

Mother/Guardian

ADDENDUM #6

MEDICAL CARE RELEASE

We, the parents/guardians of _____ hereby authorize Carolina Springs Academy, P.O. Box 199, Donalds, SC 29638, to obtain medical care for the student in the event of an illness, injury, or other emergency.

We further authorize medical and hospital treatment by a licensed physician to perform any procedures that he may deem to be medically appropriate for the students well being.

We also accept financial responsibility for any such medical care emergencies.

Father/Guardian

Mother/Guardian

Date

ADDENDUM #6 (CONT'D)

REQUIREMENT TO PROVIDE HEALTH INSURANCE

Dear Sponsors:

It must be anticipated that accidents, injuries, and acute illnesses can and do happen. For the protection of the student, the parents, and the School, every student accepted for enrollment at Carolina Springs Academy must be covered by a health insurance plan provided by the parents or guardians. If your family does not currently have a health insurance policy, it will be necessary for you to purchase coverage for the period of your child's enrollment. A copy of the policy must be provided to the School and will be maintained in the student's file.

In addition, the School must have on file signed health insurance claim forms (including dental, if available). Please be sure the employer and employee information sections are completed and forms are signed. The forms must be received prior to or at the time of the students enrollment.

If you have any questions regarding the above please feel free to contact us.

The undersigned Sponsors hereby represent and warrant that their student has the following health insurance policy in full force and effect and that such health insurance policy or an equivalent policy shall be maintained at all times the student is enrolled at the School:

Father/Guardian

Mother/Guardian

INSURANCE INFORMATION

PATIENT'S FULL NAME: _____ **DOB:** _____

FULL NAME OF INSURED: _____ **DOB:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____

ZIP CODE: _____ **PHONE NUMBER:** _____ **WORK NUMBER:** _____

NAME INSURANCE COMPANY: _____ **SS#** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP**

CODE: _____ **PHONE NUMBER:** _____

NAME OF EMPLOYER OR GROUP: _____

ADDENDUM #6 (CONT'D)
MEDICAL & DENTAL HISTORY

CHILD'S NAME _____ **DOB** _____

		YES	NO
1	Is child taking medications?		
2	Has child been taking medications?		
3	Is child allergic to any medications?		
4	Is child allergic to any foods?		

DURING THE PAST YEAR HAS THE CHILD EXPERIENCED ANY:

5	Ear pain or hearing loss?		
6	Eye discomfort or sight loss?		
7	Frequent headaches?		
8	Dizziness or fainting spells?		
9	Hay fever or other allergies?		
10	Skin sores, rashes, or hives?		
11	Warts, moles, or swellings?		
12	Coughing or persistent indigestion?		
13	Stomach aches or persistent indigestion?		
14	Urinary burning or frequent urination?		
15	Sugar in the urine?		
16	Vaginal discharge?		
17	Painful menstruation?		
18	Venereal Disease?		
19	Tumor, cyst, growth, or cancer?		
20	Heart disease?		

-continued-

ADDENDUM #6 (CONT'D)

HAS YOUR CHILD EVER HAD:

		YES	NO
21	Deformities of any kind?		
22	Diabetes?		
23	Asthma?		
24	Arthritis?		
25	Seizures, convulsions, or epilepsy?		

HAS YOUR CHILD EVER BEEN:

26	Suicidal?		
27	Sexually abused?		
28	Physically abused?		
29	Psychologically abused?		
30	Classified as neglected by welfare?		
31	Glasses or contact lenses?		
32	Special dietary needs?		
33	Orthopedic appliances including dental braces?		

IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 1 THROUGH 33, PLEASE EXPLAIN:

Explanations if any: _____

HOSPITALIZATIONS AND SURGERIES IN THE PAST FIVE YEARS:

Date _____ Hospital _____
 Address _____
 Injury _____ Result _____

Date _____ Hospital _____
 Address _____ Injury _____
 _____ Result _____

ADDENDUM

#6 (CONT'D)

DENTAL BRACES

If your student has braces and/or a retainer, do you wish, at your expense, to have regular check ups by a local Orthodontist? If so, please sign this statement as an authorization for care.

Monthly Orthodontist care approved by:

Parent or Legal Guardian _____

Date _____

SPORTS

Are there any known physical conditions that would preclude your child from participating in sports or physical education classes?

_____ Yes _____ No

If yes, please explain _____

ADDENDUM #7

As we discuss issues with your child, we need to know what to expect in terms of their honesty.

Does your child have a history of misrepresenting the truth?

Yes _____ No _____

Comments/Specifics: _____

Is honesty a significant problem for your child?

Yes _____ No _____

Comments/Specifics: _____

As we discuss specific issues, such as your child's past problems, home situation, and the way they have interacted with the family, which best describes the information your child will give?

Please circle one:

1. The information my child gives would tend to be completely accurate.
2. The information my child gives could be fairly inaccurate.
3. The information my child gives might be significantly inaccurate.

Comments/Specifics: _____

Parent Signature

ADDENDUM #8

COMMUNICATION AND PROGRESS UPDATES BETWEEN THE FAMILY AND THE SCHOOL

The Sponsors understand and agree that the Family Representative will set a regularly scheduled phone call, for the purpose of coordination of updates and progress reports. The norm for these regularly scheduled phone calls is every two weeks, however your Family Representative will establish the schedule on an individual basis, but not to be more often than once a week. Due to scheduled office hours, other previously scheduled phone calls, scheduled meetings, and other various commitments working with students, there may not be much flexibility for your Family Representative in scheduling your regularly scheduled phone calls. Sponsors understand that the Sponsors will need to call the Family Representatives at your regular scheduled time. Sponsors also understand and agree that if they are unable to call the Family Representative during the scheduled time, they will need to call at the next scheduled time. Sponsors further understand and agree that except in cases of emergency, Family Representatives have prior scheduling commitments that do not allow them to receive or make calls in between regular scheduled phone calls, however, your Family Representative may be contacted by email, if needed, between scheduled phone calls. Any calls from the Family Representative to the parents would only be for some special purpose, and would be made on a **collect basis**. The Sponsor understands this and agrees to hold harmless and release the School of any liability or damages resulting from communication problems.

Father/Guardian Signature

Mother/Guardian Signature

ADDENDUM #9

COMMUNICATION WITH STUDENTS

The following is an outline of recommended Parent/Student communication and visit schedule. It is imperative that the student has frequent communication with their parent(s), and that the parents have appropriate access to visit their child. It is also important that the student is committed to work and earn advanced communication and visitation privileges. Years of experience and thousands of successful graduates have shown that following this recommended schedule will greatly enhance the school experience for your child and increase their opportunity for successful graduation.

Entry and Achievement Status (former Levels 1&2)- unlimited and uncensored letter writing, parents receive weekly or bi-weekly (parent choice) progress reports by telephone from Family Representative. Students may send messages to parents through Family Rep. Letter writing and progress reports continue throughout the students stay.

Parent Child Seminar I- Student needs to be a graduate of the Focus Seminar (this is their second seminar: seminars come every 6 weeks). Parents required to be a Discovery Seminar graduate (this is the parents first seminar and may attend as soon as they admit their child). Parents spend two days with their child attending the Parent Child 1 Seminar on campus. If the student has been in the program for over 6 months they will be invited to this Parent Child 1 Seminar regardless of status.

Advanced Status (former Level 3)-Students have one 15 minute phone call with parents monthly. Students can earn this status as early as 3 months from admission.

Service Status (former Level 4) -Students have two 20 minute phone calls with parents monthly. They also have one 3-day visit a month in local area (not overnight).

Honor Status (former Level 5)-Students have three 20 minute phone calls with parents monthly. They also have one 3-day overnight visit a month in local area (not at home).

Parent Child Seminar II- Students are required to be Honor Status and parents to be Discovery Seminar graduates. They spend 3 days together at location other than CSA campus and work on rules for home contract in a seminar setting. Students stay only with parents during this weekend.

Home Visits- after student has attended Parent Child Seminar II they are eligible for home visits. They receive a 5-7 day home visit monthly.

High Honors Status (former Level 6)-Students have weekly 20 minute phone calls with parents. They also continue to have their home visits on this level.

***Regardless of status or program recommendations, parents may at any time schedule a phone call or on campus visit with their child. At no time will Carolina Springs Academy prevent, hinder or discourage parent and child contact. We believe in our program and program model, however, we firmly maintain that the parent is an essential element to the program's success and welcome your support and input. It is essential that the parent is comfortable with the child's placement at Carolina Springs Academy and we will arrange additional private meetings for the parent with the child as the parent deems necessary.

Father/Guardian

Mother/Guardian

ADDENDUM #10

MAIL

Due to the potential harm that certain mail could cause our child or progress, we as legal guardians,(having both legal and physical custody) direct and authorize Carolina Springs Academy and its staff to monitor all outgoing and incoming mail for _____ whose date of birth is _____ 19__
_____.

It is understood that Carolina Springs Academy is operating at our direction, under the authority we have as legal guardians, and as our agents in this behalf.

Date

Father/Guardian

Mother/Guardian

ADDENDUM #11
RELEASE OF INFORMATION AND RECORDS

NAME: _____

I/We, the undersigned, do hereby give consent to Carolina Springs Academy. to release information and records as categorized or detailed below, pertaining to the above-named student who is my child/ward.

Carolina Springs Academy is hereby given authorization to release such information to whomever it has reason to believe would use such information or records in the best interest of the above-named student; otherwise such information and records are to be held confidential.

TYPE OF INFORMATION/RECORDS	SPECIFIED INFORMATION/RECORDS
------------------------------------	--------------------------------------

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

Date

Father/Guardian

Mother/Guardian

ADDENDUM #11 (CONT'D)
RELEASE OF INFORMATION AND RECORDS

NAME: _____

I/We, the undersigned, do hereby give consent to;

NAME: _____

ADDRESS: _____

PHONE _____

To release information and records to Carolina Springs Academy as categorized or detailed below, pertaining to the above-named student who is my child/ward.

TYPE OF INFORMATION/RECORDS	SPECIFIED INFORMATION/RECORDS
-----------------------------	-------------------------------

Educational

Medical/Dental

Therapeutic

Psychiatric/Psychological

Date

Father/Guardian

Mother/Guardian

PLEASE SEND RECORDS TO:
CAROLINA SPRINGS ACADEMY
P.O.BOX 199
DONALDS, SC 29638

ADDENDUM #12

TELEPHONE CALL POLICY

NAME _____ DATE _____

In an effort to keep our fees as low as possible, any telephone calls made to the parents by the student or staff (Pertaining to the child's care, disposition, education) will be made on a collect-call basis or by using a credit card call number submitted to the parents.

I/We the undersigned, do hereby give my authorization for Carolina Springs Academy officials to make collect telephone call/or credit card calls to the numbers listed below, as necessary to discuss my child's care, disposition, education, or treatment.

Mother's signature

Home phone number

Work phone number

Father's signature

Home phone number

Work phone number

Family Therapist/Counselor

Home phone number

Work phone number

=====

OPTION:(Select one)

_____ Collect Calls

_____ Credit Card calls _____
(Number if this option is selected)

ADDENDUM #13

PERMISSION TO PHOTOGRAPH

Student's Name

DOB

We authorize the School to photograph the students for identification photographs for their files.

We further authorize the School to photograph the students in order to provide informational updates for the parents and photos to be placed on School Web-sites accessible to all School parents for the purpose of School and progress updates.

OPTIONAL AUTHORIZATIONS:

I **authorize** _____ / **do not authorize** _____ the School to photograph or video tape the student in a group or involved in group activities, to be used for brochures, public relations, promotional videos, or other related Marketing purposes.

I further **authorize** _____ / **do not authorize** _____ the School to photograph, video tape or interview the student individually for brochures, public relations, promotional videos, or other related Marketing purposes.

Father/Guardian

Date

Mother/Guardian

Date

Student

Date

ADDENDUM #14

ZERO TOLERANCE POLICY

Carolina Springs Academy has a **zero tolerance policy** against acts of violence and physical aggression as well as other dangerous, severely disruptive, or extremely defiant behavior exhibited by any student. These behaviors are not tolerated at Carolina Springs Academy for the following reasons:

- a. Endangers students, staff, and the School
- b. Distracts and significantly impedes the progress of others
- c. Destructive to the general environment and positive peer culture
- d. Consumes staff time and attention, cheating the other students
- e. Allows negative role models for new or impressionable students
- f. Influences other students to similarly misbehave or act out

Therefore, any student exhibiting these types of behaviors will be immediately expelled and transported, at the Sponsors expense, to Tranquility Bay, a treatment center or to an alternative location chosen by the Sponsors.

Specifically, the following behaviors will result in a immediate transfer to an appropriate alternative:

- a. Students who are physically aggressive or seriously threaten other students, staff, or property.
- b. Students who have to be physically restrained for their own safety or the safety of others.
- c. Students that require staff one to one intervention for longer than 8 hours or have numerous episodes requiring staff one to one intervention over a period of three days or more.
- d. Students who leave or are intently determined to leave the facility without permission.

ADDENDUM #14 (CONT'D) PROBATIONARY STATUS

_____ (initials)
The Sponsors hereby understand and agree that the student _____ has been accepted at Carolina Springs Academy on a *Probationary* basis. In accordance with the attached "Zero Tolerance Policy", if the student is found to be disruptive to the positive environment at Carolina Springs Academy, Sponsors agree that the student will be immediately expelled and transported by independent transport company, ASIT or any other person or company chosen by the Sponsors, to Tranquility Bay which is a Highly Structured Environment; or to an alternative location chosen by the Sponsors. The school will attempt to contact the Sponsor prior to transfer, however, if attempts of contacting the Sponsor are unsuccessful, Sponsors hereby give permission for the School to transfer the student if deemed necessary.

_____ (initials)
The Sponsors also hereby give the School permission to sign the Tranquility Bay Enrollment Agreement in their place and stead until one can be received from the Sponsors. The Sponsors agree to pay Tranquility Bay their current tuition rate. The Sponsor also gives permission for Tranquility Bay to obtain medical care for the student in the event of illness, injury, or other emergency.

_____ (initials)
The sponsors agree to be responsible for the cost of transportation by an independent transport company. (ASIT cost is \$600 plus airfare) The sponsors also hereby give the School permission to sign the transport agreement with an independent transport company in their place and stead.

_____ (initials)
The Sponsors understand that Carolina Springs Academy does not own, control, direct, or manage Tranquility Bay or the independent transport company. Therefore, Carolina Springs Academy does not assume any liability nor responsibility, implied or otherwise, for Tranquility Bay or the independent transport company. This would include the care of your child while at these Schools or during transportation. The Parents/Sponsors hereby agree to release and forever hold harmless Carolina Springs Academy from any liability connected with Tranquility Bay or the independent transport company.

Parent/Sponsor

Parent/Sponsor

Date

Date

ADDENDUM #15

Teen Solutions

We understand that while Teen Solutions recommends adolescent services including schools, programs, treatment alternatives, therapists, and supervised transport services; Teen Solutions does not own, control, manage, nor direct any individuals or companies that provide these services. Therefore, Teen Solutions does not assume any liability or responsibility, implied or otherwise, for Carolina Springs Academy or for your child while in the School. All liability or responsibility for any recommended services or for the care of your child is assumed entirely by the service provider, as outlined in their contract with the parents/sponsors. The Sponsors hereby agree to release and forever hold harmless Teen Solutions from any liability connected with any services including but not limited to schools, programs, treatment alternatives, therapists and/or supervised transport services recommended to the Parents/Sponsors.

Mother's Signature

Father's Signature

ADDENDUM #16

Youth Transport Companies

We strongly recommend that the Parents transport the student to the school upon initial enrollment, as well as any Inter-School/Program transfers. However, if it is not possible for the Parents to accompany the student to and/or from the school and the parents decide to utilize an independent Youth Transport Company, it is understood that while Teen Solutions provided a list of Youth Transport Companies to the Sponsors, that Teen Solutions nor the School/Program that they referred does not own, control, manage, or direct any individuals or companies that provide youth transport services. The list of Youth Transport Companies is provided to make parents aware of options for parents, and should not be construed or implied as recommendations. Parents should call several companies and make their own determination as to which Youth Transport Company would best suit their family's needs. Sponsors are also welcome to use any other youth transport service.

Therefore, neither Teen Solutions nor the School or Program assume any liability or responsibility, implied or otherwise, for services provided by any youth transport company. All liability or responsibility for your child and youth transporting services provided are assumed entirely by the youth transport service provider. The Sponsors hereby agree to release and forever hold harmless Teen Solutions and the School/Program in which the student is to be enrolled, from any liability connected with any youth transport services.

Mother's Signature

Father's Signature

ADDENDUM #17

THERAPY

The School does not provide any Professional Counseling or Therapy Sessions. The School is designed so that most students can succeed and make necessary changes without having to involve Professional Counseling or Therapy Sessions. However, if needed or desired Professional Counseling or Therapy Sessions can often be arranged through an Independent Professional at \$100 per session.

Please check one of the following:

- We would like to see if Professional Counseling or Therapy Sessions can be arranged for our child.

- We do not feel Professional Counseling or Therapy Sessions are needed or desired at this time.

Mother's Signature

Father's Signature

Date

Phone Number

Student Name

ADDENDUM #18
Probation Information

1. Is your child on probation? Yes No

2. Who has custody? _____

3. Please check the following probation status:

_____ *Informal* = No court has been involved. The petition has not been filed with the court system. An agreement or contract with the minor and the probation officer if there is one assigned.

_____ *Formal* = Petition has been filed, minor has appeared in court in front of the judge.

_____ *Diversion* = A unique process, where the minor has conditions to comply to in order to prevent judicial intervention. Once all conditions have been met, then all charges probably will be dropped.

4. If this is a diversion type, please explain in detail _____

5. What County and State? _____

6. Please fill in the information for the Probation Officers:

Name _____ Address _____

Work Phone _____ Fax Phone _____

7. Please explain the procedures we need to follow when reporting to probation officers, attorneys or whomever _____

Please send all legal papers regarding legal charges, probation and custody to Carolina Springs Academy, P.O.Box 199, Donalds, SC 29638 Please fill out the following page which is an "Interstate Compact Placement Request Form". This is required by any state to transfer a minor who is on probation.

SECTION 1 - IDENTIFYING DATA

Notice is given of intent to place - Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:	ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex::	Date of Birth	Title IV-E determination <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone:
Address:			

SECTION II - PLACEMENT INFORMATION

Name of Person(s) or Facility Child is to be placed with:	Soc Sec # (optional): Soc Sec # (optional):
Address:	Phone:
Type of Care Requested: <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Group Home Care <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Other: _____	<input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) Relationship: _____ <input type="checkbox"/> ADOPTION <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State
Current Legal Status of Child: <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other: _____

SECTION III - SERVICES REQUESTED

Initial Report Requested (if applicable): <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	Supervisory Reports Requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____
Name and Address of Supervising Agency in Receiving State:		
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Court Order <input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> Other Enclosures <input type="checkbox"/> Home Study of Placement Resource <input type="checkbox"/> ICWA Enclosure <input type="checkbox"/> IV-E Eligibility Documentation		
Signature of Sending Agency or Person:		Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:		Date:

SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III(d) of ICPC

<input type="checkbox"/> Placement may be made REMARKS:	<input type="checkbox"/> Placement shall not be made
Signature of Receiving State Compact Administrator, Deputy or Alternate:	Date:

DISTRIBUTION (Complete six (6) copies):

- Sending Agency retains a (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA, or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one (1) copy to sending Compact Administrator, DCA or alternate within 30 days.
- Sending Compact Administrator, DCA, or Alternate retains a completed copy and forwards the completed original to the sending agency.

ADDENDUM #19

THINGS TO BRING: BOYS CLOTHING LIST

Please review the list below, and try to send with your child all the things listed. **Please do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of any such item.**

DRESS CODE: Dress must be tasteful and reasonably conservative. Contemporary styles are acceptable as long as they are not extreme. Garments with lettering or pictorial displays must be in good taste, and should not tend to identify with any negative group or theme. We don't recommend sending any **New or valuable** clothing, but we do advise that all clothing, while used, should be in good condition and able to withstand a good amount of wear and tear.

All clothing should be wash and wear. Care and maintenance of clothing requiring dry cleaning or special washing procedures is very difficult and dry clean only clothes will be returned.

ITEMS TO BRING:

- | | |
|--|---|
| <input type="checkbox"/> 5-7 pair white briefs | <input type="checkbox"/> Soap with Soapbox |
| <input type="checkbox"/> 5-7 pair white only socks | <input type="checkbox"/> Toothbrush |
| <input type="checkbox"/> Slide sandals, no back strap | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Gym shoes for walking, fitness, etc | <input type="checkbox"/> Hair Brush/Comb |
| <input type="checkbox"/> Winter Jacket (September-April) | <input type="checkbox"/> Deodorant (No Aerosol) |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Electric Razor (no blade razors) |
| <input type="checkbox"/> Conditioner (if needed) | <input type="checkbox"/> Chapstick (if needed) |
| <input type="checkbox"/> Facial wash (if needed) | <input type="checkbox"/> Special Medication (with Prescriptions if possible) |
| <input type="checkbox"/> 2-3 Notepads of paper | <input type="checkbox"/> Religious Book (i.e. Bible with no additional cover) |
| <input type="checkbox"/> 3-Ring Binder | <input type="checkbox"/> Sheets for twin bed |
| <input type="checkbox"/> 10 Pens | <input type="checkbox"/> Blanket for twin bed |
| <input type="checkbox"/> Envelopes and/or Stationary | <input type="checkbox"/> 1 Pillow w/pillow case |
| <input type="checkbox"/> Water Bottle | |
| <input type="checkbox"/> 3 Towels | |
| <input type="checkbox"/> Hand Towels (if needed) | |

THINGS NOT TO BRING

Anything that is not on the list above. This includes OTC (over the counter medicines.) **Valuables:** Items that have significant financial or sentimental value should not be brought. The contract specifically states that **Carolina Springs Academy does not accept responsibility for lost or stolen items.**

The sponsors understand that anything that is sent that is not on the checklist will be confiscated with no guarantee of return.

Mother's Signature

Father's Signature

*Our attending Child Psychiatrist visits the School periodically to review your child's medication. However, so that there is no lapse in the medication your child is required to take, please send a 6 month supply of prescribed medication to the School.

ADDENDUM #19

GIRLS CLOTHING LIST

Please review the list below, and try to send with your child all the things listed. **Please do not send items other than what is on the list, as we make no guarantee, nor are we liable for the return of any such item.**

DRESS CODE: Dress must be tasteful and reasonably conservative. Contemporary styles are acceptable as long as they are not extreme. Garments with lettering or pictorial displays must be in good taste, and should not tend to identify with any negative group or theme. We don't recommend sending any **New or valuable** clothing, but we do advise that all clothing, while used, should be in good condition and able to withstand a good amount of wear and tear.

All clothing should be wash and wear. Care and maintenance of clothing requiring dry cleaning or special washing procedures is very difficult and dry clean only clothes will be returned.

ITEMS TO BRING:

- | | |
|--|---|
| <input type="checkbox"/> 5-7 pair white bras | <input type="checkbox"/> Soap with Soapbox |
| <input type="checkbox"/> 5-7 pair underwear (not skimpy) | <input type="checkbox"/> Toothbrush |
| <input type="checkbox"/> 5-7 pair white only socks | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Slide sandals, no back strap | <input type="checkbox"/> Hair Brush/Comb |
| <input type="checkbox"/> Gym shoes for walking, fitness, etc | <input type="checkbox"/> Hair elastics if long hair |
| <input type="checkbox"/> Winter Jacket (September-April) | <input type="checkbox"/> Deodorant (No Aerosol) |
| <input type="checkbox"/> Shampoo | <input type="checkbox"/> Tampons/Pads/Panty Liners |
| <input type="checkbox"/> Conditioner (if needed) | <input type="checkbox"/> Electric Razor (no blade razors) |
| <input type="checkbox"/> Facial wash (if needed) | <input type="checkbox"/> Chapstick (if needed) |
| <input type="checkbox"/> 2-3 Notepads of paper | <input type="checkbox"/> Special Medication (with Prescriptions if possible) |
| <input type="checkbox"/> 3-Ring Binder | <input type="checkbox"/> Religious Book (i.e. Bible with no additional cover) |
| <input type="checkbox"/> 10 Pens | <input type="checkbox"/> Sheets for twin bed |
| <input type="checkbox"/> Envelopes and/or Stationary | <input type="checkbox"/> Blanket for twin bed |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> 1 Pillow w/pillow case |
| <input type="checkbox"/> 3 Towels | |
| <input type="checkbox"/> Hand Towels (if needed) | |

THINGS NOT TO BRING

Anything that is not on the list above. This includes OTC (over the counter medicines.) **Valuables:** Items that have significant financial or sentimental value should not be brought. The contract specifically states that **Carolina Springs Academy does not accept responsibility for lost or stolen items.**

The sponsors understand that anything that is sent that is not on the checklist will be confiscated with no guarantee of return.

Mother's Signature

Father's Signature

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